

# In Pursuit of Sophia: On Pilgrimage with Depression and *Acedia*

BY ANDREW A. MICHEL

All persons will face *acedia* in their lives; some also face clinical depression, and it seems that depression and *acedia* tend to occasion one another. Depression, with the disruption it causes life and its general effect on overall temperament, allows a foothold for *acedia* to thoroughly ensnare one's life.

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She came to me not as a pilgrim in the desert but as a patient in the clinic. I was not her spiritual director but rather her psychiatrist. She was an undergraduate student whose studies had been interrupted by a suicide attempt late in the course of a semester. Life's cruel forces had knocked her down, and she lacked the inner resources to remain steady in the face of hardship. She did not see herself as being on a spiritual or moral quest, but simply wanted to feel good, or when that failed, to escape the pain she felt.

Sophia felt terrible about herself. Her life did not seem to her to be worth living.

Following her attempt to kill herself, Sophia spent two weeks in an inpatient psychiatric hospital where she was diagnosed with Major Depressive Disorder (MDD) and started on a medication to help with her low mood. As she completed her hospital course, she was discharged into ongoing care with me.<sup>1</sup> Her hospitalization had fallen at an inopportune time and resulted in her inability to complete her exams. She was placed on academic probation, though historically she had been a very capable student. In fact, Sophia had

been the valedictorian of her high school and received a full scholarship to a prestigious university in the Northeast. Her experience of depression had stolen from her, at least momentarily, a last glimmer of light and esteem.

Sophia's hopes for a life worth living would surface on her good days only to be drowned out by ensuing waves of despair on bad days, which remained numerous. On these dark days, she lacked the motivation to rise from slumber and seemed to be afflicted by some force which burdened her with the slow, torpid torture of ennui, like a great yawn that persisted through the day and threatened to carry her into the abyss of despair.

What was this force that left Sophia stranded on the edge of the abyss?

### **CLINICAL DEPRESSION CONSIDERED**

By all accounts, we could diagnose Sophia with Major Depressive Disorder (MDD) using modern psychiatric parlance. She met the five-out-of-nine criteria required for the diagnosis of MDD, including the two major features: severely low mood and anhedonia, which is the inability to enjoy things one otherwise would enjoy. Regarding other criteria, Sophia acknowledged oversleeping for up to ten to twelve hours in a day as a way of escaping reality. She had increased appetite and weight gain, which she acknowledged as an effort to comfort the pain that she felt. She experienced suicidal thinking (including attempt), ruminative anxiety, and profound guilt over her life and existence (for amorphous reasons).

On review of her history, I uncovered ample evidence that she had suffered with prior episodes of low mood lasting weeks to months since her late teenage years, which anticipated the acute hospitalization following suicide attempt. The earthquake in her life was less a first and only reactive event than an ever-present possibility occasioned by the stress of undergraduate studies. The clinical lens of psychiatry was at least one way of beginning to make sense of her experience.

The psychiatric frame offered Sophia several important benefits in her distress. The most critical may be that psychiatry would not judge or condemn her in her suffering and illness. Psychiatry has the capacity to separate the person from the disorder and within this opening suffering persons sometimes find the room to breathe and live.

But there was something more going on in Sophia's case, for even during long stretches where she acknowledged that her mood was improved, and even good, she struggled to engage with life. In Sophia's case, despite the best that psychiatry had to offer, including a non-judgmental, meaning-making stance and the best of psychotropic technologies with evidence for effectiveness in treating depression, Sophia was not flourishing.

Beyond psychiatry, there had been efforts by me and psychologists involved in the case to explore psychological facets, including Sophia's history of sexual trauma, which may have contributed to her depression. These efforts were ongoing in Sophia's case and may bear fruit in time.

Perhaps there was some unconscious force impeding her progression in healing and restoration to a life of flourishing that could be uncovered via psychotherapeutic efforts.

Could it be though, that those of us who engage in modern practices like psychology and psychiatry were missing something in Sophia's case (and perhaps other cases like hers)? What would it be like to see her from a completely different way of knowing?

## **IN PURSUIT OF SOPHIA**

The occasion of this essay has led me to consider other observations I noted regarding Sophia's presentation. During my work with Sophia, an abiding habit for her was to spend much of her day absorbed with reality television shows, along with a ritualized review of gossip columns on the Internet. Sophia would sometimes reflect on these habits, describing them as a kind of shadow side of her underlying desire to feel alive and enjoy a deep intimacy with others. Gossip columns could feed a hunger in her in a way that required limited effort on her part. After imbibing, however, she would note an uneasy lack of satisfaction. Instead of having been filled up, she was left ever more empty.

Again, this habit (along with others like it) seemed to be a way to distract her from the incessant nothingness always crouching near the door of her heart. I am convinced that sometimes this behavior in Sophia was a response to clinical depression, a way of finding comfort in despair. At other times, however, even when depression lifted, this habit (and others like it) remained ingrained in Sophia's way of life, like a residue. Perhaps clinical depression had imprinted this pattern, but it also appeared to take on a life of its own.

On many occasions, Sophia would present to clinic visits not having followed through on simple tasks, like delivering a letter I had written on her behalf to advocate that she be permitted to resume school. Her parents, who were very concerned for her, could not understand what made it so difficult for their capable daughter to resume her studies. They wanted her to be happy and get back into life. Though she clearly suffered with clinical depression, it seemed that there was something more to Sophia's experience that held her back (and efforts to work through her traumatic past had not resolved this either.)

Casual observers might have said of Sophia that she was lazy or indolent. Indeed, there were repeated instances of her failure to show up for life. Once, when Sophia had finally returned to school after a long hiatus, she neglected to complete a required paper for a course. Though her mood was consistently good at clinic visits, she acknowledged a lack of concern to take the needed steps to complete her work. She ended up failing this course and was eventually dismissed from the university. Again this had occurred during a season of relative mental stability. Sophia was hard

pressed to give reasons for her disengagement. It was unclear if and how she would develop a rhythm of life that would allow her to flourish.

Could some other force beyond clinical depression have been at work in Sophia's life?

### **ACEDIA CONSIDERED**

As I began to ponder the vice of *acedia*, I was initially concerned that such a notion might turn into a project in moralizing. Yet, to my delight, as I have explored the richness of *acedia*, I have paradoxically discovered that the concept is refreshing and illuminating. Rather than heaping judgment on a person, the recognition of *acedia* offers an invitation to abundant living. *Acedia*, as one doorway into the moral life, restores the possibility that a person might choose what is beautiful and good.

But we will need to understand *acedia* rightly in order to receive the idea as a gift instead of a curse. For that I am grateful to multiple scholars, chiefly Rebecca DeYoung. What becomes clear immediately is that *acedia* is not what we think it is; the concept needs some dusting off to be useful again. Tracing the history of the concept of *acedia*, DeYoung notes how the force of its seriousness has been diluted and diminished in the modern period.<sup>2</sup>

In our contemporary context, *acedia* (or sloth as it is typically translated today) is equated with laziness, especially of a physical sort. Sometimes sloth is even glorified: imagine the man sitting in his La-Z-Boy, a bag of Doritos to his right, a can of Dr. Pepper to his left, watching college football all day Saturday.<sup>3</sup> It is sad enough that for some people this seems like the fulfillment of the American Dream.

But in the Christian tradition, *acedia* is a much more serious condition than this. *Acedia* is a spiritual vice in opposition to the primary theological virtue of charity – the love given by the Spirit which the Apostle Paul tells us is chief among gifts, without which “I am nothing” (1 Corinthians 13:2). Rather than simple laziness or the failure to make physical effort, as it has been popularly understood, *acedia* is, in DeYoung's phrase, a “resistance to the demands of love.”

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As an absence of care, *acedia* can seem harmless enough since it is not an observable material offense. However, whenever there is an absence of care in the world, an absence of intentionality, then someone is left lacking – an elderly person unattended, a starving person unfed, a woman battered, a child

uneducated, a life's gifting uncelebrated. Therefore, *acedia* is difficult to notice because it is accounting for an absence. Perhaps this is the reason it has been associated with the Psalmist's noonday demon (Psalm 91:6), who seems to terrorize his prey in the light of day, not fearing being seen or noticed.

To be specific, *acedia* is a disdain for that life inside of one that would participate with God. DeYoung explains, "This means that we do not have an aversion to God himself in *acedia*, but rather to ourselves-as-sharing-in-God's-nature, united to him in the bond of friendship. Aquinas says, '*acedia* is not sadness about the presence of God himself, but sadness about some good pertaining to him which is divine by participation.'"<sup>4</sup> *Acedia*, therefore, involves a failure to celebrate the image of God in one's human nature. "Rather than being lifted up by joy at its union with God, the person afflicted with *acedia* is oppressed or weighed down; as one's own, the divine good is seen, rather, as an unwelcome burden."<sup>5</sup>

Kathleen Norris affirms this reading of Aquinas regarding the specific nature of *acedia*: "The person afflicted with *acedia*, even if she knows what is spiritually good for her is tempted to deny that her inner beauty and spiritual strength are at her disposal, as gifts from God."<sup>6</sup> This denial could be related to any effort to destroy one's physical life, as in the case of suicide. But, more generally, this denial of inner beauty has particular connotations for aspects of a human life that invite a participation in God's likeness, including vocational aspects, which we will now turn to in Sophia's case.

## **ON PILGRIMAGE WITH DEPRESSION AND ACEDIA**

Sophia, assuming she suffers from both clinical depression and *acedia*, is in a particularly troubled condition. First, she finds herself assaulted by a mental condition that would make it hard to muster the resolve and energy to care about these internal goods in herself. Not only that, but depression drives her to attempt to destroy her very existence via suicide. Sophia also appears to be in a moral battle against *acedia*, which would oppose any fruit-bearing of these internal goods. Sophia, then, is under a double assault, and for that she will require special help on her pilgrimage toward life and healing.

Recall that Aquinas describes *acedia* as opposed to charity. Therefore Sophia's early efforts at charity would be to love God enough to simply receive God's imprint on her life—God's image in her. This might not be an easy task, but for most people it is not an onerous one. Yet I could hear Sophia saying, "You mean that you want me to allow myself to experience God's beauty in me—that is my work?" And to this question we can answer, in keeping with the tradition, a resounding, "Yes, this is your effort for now."

The invitation of God in the moral life is not to a stringent striving but to a gentle day-by-day decisiveness in being God's friend in a new way of living. Jesus invites those who would follow him:

Come to me, all you that are weary and are carrying heavy burdens,  
and I will give you rest. Take my yoke upon you, and learn from me;

for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.

*Matthew 11: 28-30*

Now, where we might have first felt that the burdens of the moral life would be heavy-laden, we have instead discovered that they are paradoxically welcoming and free, though not without effort. Regarding that effort, it bears saying that the effort is not always extreme but does involve simple, gentle steps as one is able – an easy yoke. To oppose *acedia* is not to be busied with work, as we might assume, but rather to find rest for our souls. In Sophia's case, it will require some effort (especially, in trusting) for her to suspend the negative thoughts she has of herself, letting go of the image she has maintained of herself as inherently bad.<sup>7</sup>

Sophia, if open to this invitation, might benefit from meeting with a guide experienced in the moral and spiritual life. She may even need to borrow on the conviction of a guide in the spiritual life to come to know how deeply she is loved over a long period and to notice how she bears the imprint of God's goodness and beauty. She would likely require sustained training in such a discipline, and we might imagine how ongoing psychotherapy could work simultaneously to dismantle deep notions of an absence of self-worth conveyed by her experience of sexual abuse.

We might imagine other concerns beginning to surface in this process, such as, "How it can be that God loves me if I was left unprotected in the face of sexual trauma?" In this movement, however, Sophia would have transitioned from the paralyzing nature of *acedia* into anger, and perhaps a justified anger, if directed appropriately. In this path, Sophia is no longer experiencing an absence of care (as in *acedia*) but rather passion, in this case anger, at the wrong events that have occurred in her life. Already she is on the way toward developing the virtue of justice, expressed here as righteous indignation.

Perhaps after a long season, Sophia would be readied for a second movement. Now this movement is different and more demanding than the first and has to do with our full reception of God's love. As DeYoung puts it, *acedia* tempts us to remain in the comfort of what is known to us: we

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desire to live in the familiarity of the old self and to not take up with the new. At some point in Sophia's pilgrimage toward healing, the challenge of God's love for her would need to be met. The invitation of God is not to remain static, safe, and spiritually dead, but rather to be made new. I am reminded of C. S. Lewis's description of Aslan in *The Lion, the Witch and the Wardrobe*: "'Safe?' said Mr. Beaver; 'don't you hear what Mrs. Beaver tells you? Who said anything about safe? 'Course he isn't safe. But he's good. He's the King, I tell you.'"<sup>8</sup> Being in friendship with God is not always comfortable, and it is certainly not convenient, but it is nevertheless deeply good.

DeYoung characterizes this second aspect in the work against *acedia* as follows:

Thus, the trouble with *acedia* is that when we have it, we refuse to be all that we are meant to be. This refusal—even when we think it constitutes an escape from a loathsome alternative—is itself a form of misery. But in refusing our *telos*, we resist our deepest desires for fulfillment. This is why Gregory describes *acedia* as 'a kind of sorrow.' In outlining the sins to which *acedia* typically gives rise, Aquinas likewise explains how they are all attempts either to escape sorrow or to live with inescapable sorrow. The oppressiveness of *acedia* comes from our own self-stifling choice.<sup>9</sup>

And so Sophia, if she is to deepen in a life of virtue, will have to let go of any attachment to sameness and safety. She will have to be open to the new, and this openness will likely occasion anxiety and discomfort. But this is what it means to be loved, for God is interested in directing us to be what we are most meant to be.

As I came to know Sophia, I had learned of her abiding interest in cultural studies. She aspired to pursue graduate studies in women's history and was especially attuned to the oppression of women. For Sophia, these were early hints about opportunities for her to participate in the divine nature. We might see these desires as concretizations of the divine life at work in Sophia. Friendship with God around these interests that currently smoldered in her, like dying embers, were a means by which she might find personal healing, while also giving herself in service to the world about her.

These internal delights and goods are precisely what the vice of *acedia* would be in opposition to. Since Aquinas defines *acedia* as "sorrow over... an internal and divine good [in us],"<sup>10</sup> the invitation, in responding to *acedia*, is to turn toward the acceptance of friendship with God in uncovering and manifesting these goods.

Practically, for Sophia, early signs of movement in this direction involved concrete steps she took to move forward in the face of her vulnerability to depression and her failures. She resolved to start again by entering a local community college where the pressures were lower and she could take up with life again, without feeling overwhelmed. This

action was a practical move away from stagnation and toward finding herself with renewed confidence.

While *acedia* may say to one that enrolling in community college when you have enjoyed a promised future as the valedictorian of your high school is a worthless undertaking, charity (in concert with humility and courage) opposes *acedia* by reminding us that God can take whatever small gesture is possible and multiply it in abundance. Such an offering, however small, is an expression of desire and concern for life and the world. For Sophia, this was a step in the right direction and the first of many more that she would need to take as she responded to the invitations of the moral life.

### **BRIEF COMMENTARY**

What I have tried to do in this essay is distinguish *acedia* from clinical depression via reference to a case history in which the sufferer occasioned battles with both conditions. Though the conditions of depression and *acedia* share commonalities and crossover in symptomatology and presentation, they *are* distinguishable. However, the conditions may be less distinguishable by their presentations than by the contexts out of which each discourse makes meaning of human experience. The two concepts, which are embedded in larger contexts, offer different conceptions of the human condition, and each has a power unto itself. Each offers different solutions and invites a distinct posture.

To oversimplify, the discourse around MDD invites a passive sufferer of a presumed brain condition to find her condition resolved by external forces (medical prowess). The psychiatric narrative is a newer and seemingly more exciting one, given recent advances in neuroscience. It demands less effort on the part of the suffering person. It may have some limited power to deliver on what it offers, but there will be cases where persons are left with an incomplete degree of healing when other avenues of apprehending their experience are not explored.

Many have been concerned that psychiatry and its attendant diagnostic systems and technologies have tended to over-medicalize the human condition. Psychiatry is accused of having turned normal human sadness and grief into a medical condition—a disorder to be studied and treated.

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Backed by powerful market forces, including pharmaceutical companies with stakes in the sale of psychiatric medications, psychiatry is thereby implicated by its critics in a systemic effort to extend its power and influence into ever widening spheres of human life, perhaps eclipsing the need for attention to a moral life at all.

From my perspective, this need not be so; but for psychiatry to find its proper place in the order of aids to human flourishing, it will have to be held there by internal and external pressures that are rightly ordered. The problem is not so much with psychiatry itself but with efforts from within and without to make it a primary arbiter over the human condition without input from other perspectives. Psychiatry, when misused, may eclipse the felt need of giving attention to the moral life.

Alternatively, the discourse around *acedia* is an invitation to take seriously the moral life. It is an ancient and misunderstood, if not forgotten, tradition. The tradition of the vices and virtues invites the pilgrim into a journey toward healing. The moral life will involve ongoing participation in suffering, to the end of character transformation. It is a seemingly slower process and involves more effort (though importantly, not inordinate effort) on the part of the person, who is seen as one agent (alongside many others) at work in her life.

In particular regard to *acedia*, the effort is toward becoming friends with God in restful, joyful activity rather than falling into either stagnation or frenzied work. The discourse around *acedia* is a powerful and rich narrative that offers to guide the pilgrim into flourishing. As much as it is able to keep this promise, it may be the best starting point for a life well-lived.

Therefore, the psychiatric and moral discourses arise out of different contexts, convey different meanings, and invite their respective patient and pilgrim to take different postures toward life. One is a secular discourse; the other has roots in a spiritual tradition. One is utilitarian, focused around finding pleasure and alleviating pain; the other is teleological, focused on reaching one's true end, which will entail both joy and sorrow.

All persons will face *acedia* in the course of their lives; some also face clinical depression, and it does seem that depression and *acedia* tend to occasion one another. The experience of depression, with the disruption it causes life and its general effect on overall temperament, allows a foothold for *acedia* to thoroughly ensnare one's life. The body's disposition toward depression might make such a person inordinately predisposed to this particular vice.

## **CONCLUSION**

Returning to our case, we see that Sophia deserves the best of psychiatric and psychological help. She needs to continue to work through and process the trauma that she experienced growing up, perhaps finding release from any uncovered bitterness and pain. It is prudent that she remain on psychiatric medications for the treatment of what fits the prototypical diagnosis of MDD.

However, for Sophia to experience the full power of the healing she requires in order to flourish, she will need more than psychiatry and psychology. She will need to find herself as a participant in a moral life, aware of the invitation to deepen in charity and goodness, even in the face of depression and *acedia*. On this pilgrimage, she will likely require guides and spiritual friends to help her on her way, to uncover and embrace the divine nature at work in her.

Indeed, in the pursuit of *sophia*, or wisdom, if we are to discover her, we will require friendship with a God who is acquainted with every sorrow, including clinical depression. We will need a guide who is gentle and lowly in spirit, able to teach us how to contend with such a vice as *acedia*.

## NOTES

1 While this case is loosely based on real life clinical situations, case information has been de-identified and is drawn from numerous experiences in a conglomeration of cases in order to protect the confidentiality of any particular person.

2 Rebecca DeYoung, "Acedia's Resistance to the Demands of Love: Aquinas on the Vice of Sloth," *The Thomist* 68:2 (April 2004), 173-204.

3 My apologies to football fans at my alma mater, Baylor University, who may identify with this description (the giveaway here being Dr. Pepper as the sloth's choice of beverage).

4 DeYoung, "Acedia's Resistance to the Demands of Love," 9.

5 *Ibid.*, 9.

6 Kathleen Norris, *Acedia and Me: A Marriage, Monks, and a Writer's Life* (New York: Riverhead Books, 2008), 21.

7 I would note that some psychotherapies that reframe negative cognitions (for instance, cognitive behavioral therapy) might be of great assistance in this moral effort.

8 C. S. Lewis, *The Lion, the Witch and the Wardrobe* (New York: Macmillan Publishing Company, 1950), 75.

9 DeYoung, "Acedia's Resistance to the Demands of Love," 11.

10 Thomas Aquinas, *De Malo*, Q 11, a 2, response.



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